
Child Care Vendor Demographic Details

Vendor type (check one): Licensed ☐ Voluntarily Registered ☐ Religiously Exempt ☐ Unlicensed ☐

NAME OF FACILITY: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ CELL _____

FEIN/SOCIAL SECURITY NUMBER: _____

HOURS OF OPERATION: _____

DAYS OF OPERATION: _____

ANNUAL REGISTRATION FEE: \$ _____

TRANSPORTATION: ☐ PICK-UP FROM HOME ☐ DELIVERY TO HOME

(Check all that apply)

☐ DELIVERY TO SCHOOL ☐ PICK- UP FROM SCHOOL

☐ Yes ☐ No SERVE CHILDREN WITH SPECIAL NEEDS

Primary Language: _____

SIGNATURE OF VENDOR

DATE

No payment can be authorized until all required vendor documentation is received by and approved by the Department of Social Services.